



# CENTER FOR CONTRACT COMPLIANCE

Riverside Office

1168 E. La Cadena Dr. #202 • Riverside, CA 92507

TEL (951) 686-3328 • FAX (951) 686-8470

ESCONDIDO CITY CLERK  
19 JAN 16 PM 1:05:24

January 16, 2019

**\*\*Please reference ID number 18-820883\*\***

City of Escondido  
City Clerk  
201 N Broadway  
Escondido CA 92025-2709

Project: Traffic Signal Installations - El Norte Pkwy & Fig St  
East Valley Pkwy/Date St ESCONDIDO CA 92025

Dear Sir / Madam:

The Center for Contract Compliance is a nonprofit Labor-Management Committee that specializes in monitoring public works projects. Please consider this a formal request for copies of documents on the above referenced project pursuant to the California Public Records Act, Government Code Section 6250, et. seq. We are requesting:

1. Name and license number of the awarded general/multi-prime contractor.
2. Copy of the subcontractors list with license numbers of the awarded general/multi-prime contractor submitted at time of bid, even if left blank by the contractor.
3. Copy of the original bid advertisement with proof of publication.

Please fax the requested information directly to our office at (951) 686-8470 or e-mail [estefaniar@socalccc.org](mailto:estefaniar@socalccc.org). Should you have any questions, please contact me at (951) 686-3328. I look forward to your prompt response. Thank you for your time and courtesy!

Sincerely,

*Estefania Reyes*

Estefania Reyes  
1168 E. La Cadena  
Suite 202  
Riverside, CA 92507



# CENTER FOR CONTRACT COMPLIANCE

Riverside Office

1168 E. La Cadena Dr. #202 • Riverside, CA 92507

TEL (951) 686-3328 • FAX (951) 686-8470

ESCONDIDO CITY CLERK  
19 JAN 16 PM 1:05:19

January 16, 2019

**\*\*Please reference ID number 18-822375\*\***

City of Escondido  
City Clerk  
201 N Broadway  
Escondido CA 92025-2709

Project: RFQ/DB:Membrane Filtration Reverse Osmosis Facility  
ESCONDIDO CA 92025 Contract #: 10906180072

Dear Sir / Madam:

The Center for Contract Compliance is a nonprofit Labor-Management Committee that specializes in monitoring public works projects. Please consider this a formal request for copies of documents on the above referenced project pursuant to the California Public Records Act, Government Code Section 6250, et. seq. We are requesting:

1. Name and license number of the awarded general/multi-prime contractor.
2. Copy of the subcontractors list with license numbers of the awarded general/multi-prime contractor submitted at time of bid, even if left blank by the contractor.
3. Copy of the original bid advertisement with proof of publication.

Please fax the requested information directly to our office at (951) 686-8470 or e-mail [estefaniar@socalccc.org](mailto:estefaniar@socalccc.org). Should you have any questions, please contact me at (951) 686-3328. I look forward to your prompt response. Thank you for your time and courtesy!

Sincerely,

*Estefania Reyes*

Estefania Reyes  
1168 E. La Cadena  
Suite 202  
Riverside, CA 92507



City Clerk's Office  
City of Escondido  
201 North Broadway  
Escondido, CA 92025-2798  
(760) 839-4617  
Fax: (760) 735-5782  
[cityclerk@escondido.org](mailto:cityclerk@escondido.org)

ESCONDIDO CITY CLERK  
19 JAN 16 PM 1:15:31

## PUBLIC RECORDS REQUEST

*Public Records Requests may be saved and submitted to the City Clerk's office via email as an attachment.  
The form can also be printed and mailed or faxed to the City of Escondido as indicated above.*

Date of Request: 1/16/2019 Name of Requestor: Jacob Helfman, Urban Corps of SD County  
Mailing Address: 1041 2nd Ave City: Chula Vista State: Ca Zip: 91911  
Email Address: jjhelfman@gmail.com  
Telephone: (619) 274-4609 We will contact you as soon as the records are ready.

Description of Record	Date/Range
"Wetland Mitigation Plan" (for Rancho Vistamonte)	2003 or N/A.

*The City has 10 days from receipt of this form to respond to your request. Copies will be made when appropriate fees have been paid. Standard copies are 15¢ per page.*

For Office Use Only		
Date received	Total # of pages	Copying costs
Completed by	Date completed	
Date mailed/delivered/picked up		



## CLAIM AGAINST THE CITY OF ESCONDIDO

FOR OFFICIAL USE ONLY

Received via:

☒ Mail  
☐ In Person

CLAIM NO.: 5034

Please return the completed claim form to:

**CITY CLERK**  
City of Escondido  
201 North Broadway  
Escondido, CA 92025-2798

*A claim relating to a cause of action for death or for injury to a person or to personal property or growing crops must be filed with the City Clerk of the City of Escondido within six (6) months after the incident occurred. A claim relating to any other cause of action shall be presented within one year after the incident occurred. (Government Code Section 911.2) Where space is insufficient, please use additional paper and identify information by proper paragraph number.*

### PLEASE PRINT OR TYPE

#### 1. Claimant Information:

Name Donald Robbins c/o Bailey Criminal Defense, Inc. Date of Birth \_\_\_\_\_  
Address 450 S. Melrose #106 Home Phone \_\_\_\_\_  
City/State Vista Zip CA Other Phone \_\_\_\_\_  
Claimant's Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

#### 2. Name and address to which notices are to be sent, if other than above. If represented by an attorney, provide attorney information:

Bailey Criminal Defense, Inc. City Vista Zip 92081

#### 3. Date, location and time of the events which gave rise to this claim:

(a) Date: 7/31/18 (b) Time of day: 0238  
(c) Location: Vista Detention Facility, Vista, CA 92081

#### 4. Please provide a full and complete description of the circumstances surrounding the events which gave rise to this claim. Be sure to include the name or names of the City of Escondido employee or employees which may have been involved in this matter.

Claimant was booked into VDF by Esc. PD officer Michael Thornton #ES0514. Claimant had \$494 in cash/currency on his person at the time of his arrest. Officer Thornton attributed Claimant's money to another booking number in error, and those funds were unavailable to Claimant upon his release, hours later. Claimant requested return of funds from both Vista Detention Facility and Escondido PD, but was denied. (supporting docs attached).

5. Please provide the amount of damages you are claiming. If the amount is less than \$10,000, you must state the specific amount claimed. Please provide supporting documents to support the amount claimed (copies of documentations including bills, invoices, photographs, repair estimates or estimates of costs, and medical bills). Indicate if a third party insurance company has contributed to the payment of such expenses.

☐ The amount claimed totals less than \$10,000. State the amount: \$494.00

Please state the basis for computation of the amount and the total amount of the claim:

Actual funds taken from Claimant by Officer Thornton and never returned. If funds are not returned within thirty (30) days, Claimant requests lawful interest of 10% per annum.

☐ The amount claimed is more than \$10,000.

Please indicate the type of civil case:

☐ Limited Civil Case (not to exceed \$25,000) ☐ Unlimited Civil Case (over \$25,000)

6. Names and addresses of any and all known witnesses, doctors, hospitals, etc.:

Name	Address	Phone
(a) Kirsten (clerk, VDF)	325 S. Melrose Dr, Vista CA	760 940 4997
(b) Sam (supervisor VDF)	325 S. Melrose Dr. Vista CA	760 940 4997
(c)		

7. Describe any property damage:

lost funds.

Property Owner (if different):

8. Describe any personal injury sustained:

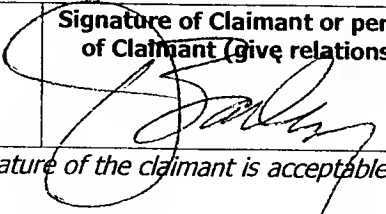
None.

9. Please supply additional information that might be helpful in considering this claim:

Officer Thornton's input error was inadvertent and he immediately accepted fault, but Claimant has been denied return of his funds and only wants repayment.

**WARNING:** It is a criminal offense to intentionally file a false or fraudulent claim (Penal Code Section 72).

I certify under penalty of perjury that I have read the matters and statements made in the above claim, and I believe they are true to the best of my knowledge.

Date: 08/09/18	Signature of Claimant or person filing on behalf of Claimant (Give relationship to Claimant): 	Print Name: Joel W. Bailey, Esq. Bailey Criminal Defense, Inc.
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Only an original signature of the claimant is acceptable for submittal of this claim.

# *Bailey Criminal Defense Inc.*



450 So. Melrose Drive, Suite 106

Vista, California 92081

[www.joelbailey.com](http://www.joelbailey.com)

(760) 643-4025 Voice

(760) 657 2949 Fax

August 9, 2018

City Clerk of Escondido  
201 North Broadway  
Escondido, CA 92025-2798

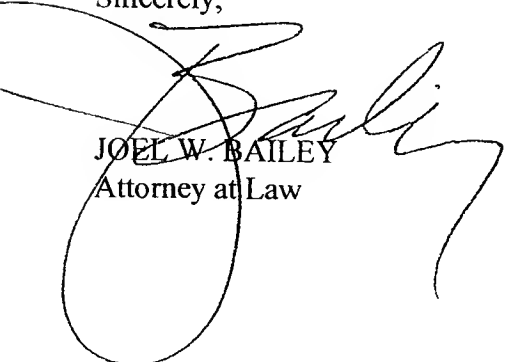
Re: Claim against Escondido PD

Dear Clerk:

Enclosed please find an original, executed claim against the City of Escondido, with supporting documentation. My client, Mr. Donald Robbins, had \$494 in cash removed from his person by Officer Michael Thornton, who errantly entered the incorrect booking number into a "Touchpay" system at Vista Detention Facility (VDF) on July 31, 2018. Although he (Officer Thornton) admitted the error immediately, my client was denied return of his funds from both VDF and Escondido PD. We are merely requesting the rightful return of his money.

Please do not hesitate to contact my offices should you require additional information.

Sincerely,

  
JOEL W. BAILEY  
Attorney at Law



Michael R. McGuinness City Attorney  
Keith Phillips, Assistant City Attorney  
201 North Broadway, Escondido, CA 92025  
Phone: 760-839-4608 Fax: 760-741-7541

November 1, 2018


Donald Robbins  
c/o Bailey Criminal Defense, Inc.  
450 S. Melrose Drive  
Vista, CA 92081

**RE: City of Escondido Claim No.: CL-5034**

Dear Mr. Robbins:

Enclosed please find the City of Escondido's check in the amount of \$494.00 as final settlement of the above-referenced claim.

Yours truly,

  
Maria L. Ehlers  
Legal Assistant to:  
KEITH PHILLIPS  
Assistant City Attorney

:mle  
Enclosure

Check Date: 10/31/2018		Check No. 324469	
Invoice Number D103118A	Invoice Date 10/26/2018	Voucher ID 00764475	Voucher Line Description ESC CLAIM NO 5034
		Paid Amount 494.00	

*Check mailed*

*11/1/18*

Check Number 324469	Date 10/31/2018	Vendor Number 0000030217	Name Donald Robbins	Total Paid Amount \$494.00
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Check Date: 10/31/2018

Invoice Number	Invoice Date	Voucher ID	Voucher Line Description	Check No.	Paid Amount
D103118A	10/26/2018	00764475	ESC CLAIM NO 5034	324469	494.00

Check mailed  
11/1/18

Check Number	Date	Vendor Number	Name	Total Paid Amount
324469	10/31/2018	0000030217	Donald Robbins	\$494.00

DO NOT ACCEPT THIS CHECK UNLESS THE PINK LOCK & KEY ICONS FADE WHEN WARMED AND YOU CAN SEE HEXAGONS IN A DUAL-TONE TRUE WATERMARK WHEN HELD TO THE LIGHT



City of Escondido  
201 N. Broadway  
Escondido CA 92025

16-66/1220

Bank of America  
555 South Flower Street, Suite 300  
Los Angeles CA 90071

324469

Date: 10/31/2018

Pay Amount: \$494.00 \*\*\*\*\*  
PAPERLESS 2020 \*\*\*\*\*

Pay

\*\*\*\*FOUR HUNDRED NINETY-FOUR AND 00/100 DOLLARS\*\*\*\*

To The  
Order Of

Donald Robbins  
c/o Bailey Criminal Defense  
450 S Melrose Dr Ste 106  
Vista CA 92081

*Sam Bennett*



## CLAIM AGAINST THE CITY OF ESCONDIDO

FOR OFFICIAL USE ONLY

Received via:

☐ Mail  
☒ In Person

CLAIM NO.: 5031

Please return the completed claim form to:

CITY CLERK  
City of Escondido  
201 North Broadway  
Escondido, CA 92025-2798

A claim relating to a cause of action for death or for injury to a person or to personal property or growing crops must be filed with the City Clerk of the City of Escondido within six (6) months after the incident occurred. A claim relating to any other cause of action shall be presented within one year after the incident occurred. (Government Code Section 911.2) Where space is insufficient, please use additional paper and identify information by proper paragraph number.

### PLEASE PRINT OR TYPE

#### 1. Claimant Information:

Name Diego Lopez Date of Birth 1/  
Address 322 W 13th AVE #141 Home Phone 6 -  
City/State Escondido, CA Zip 92025 Other Phone \_\_\_\_\_  
Claimant's Social Security No. \_\_\_\_\_ Driver's License No. N/A

#### 2. Name and address to which notices are to be sent, if other than above. If represented by an attorney, provide attorney information:

\_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

#### 3. Date, location and time of the events which gave rise to this claim:

(a) Date: 7/14/18 (b) Time of day: \_\_\_\_\_  
(c) Location: Westfield North County Mall

#### 4. Please provide a full and complete description of the circumstances surrounding the events which gave rise to this claim. Be sure to include the name or names of the City of Escondido employee or employees which may have been involved in this matter.

The officer told me he lost my cell phone when back to the police station to check if my phone was found but it wasn't be found.

5. Please provide the amount of damages you are claiming. If the amount is less than \$10,000, you must state the specific amount claimed. Please provide supporting documents to support the amount claimed (copies of documentations including bills, invoices, photographs, repair estimates or estimates of costs, and medical bills). Indicate if a third party insurance company has contributed to the payment of such expenses.

☐ The amount claimed totals less than \$10,000. State the amount: \$ 700

Please state the basis for computation of the amount and the total amount of the claim:

cost to get next phone

☐ The amount claimed is more than \$10,000.

Please indicate the type of civil case:

☐ Limited Civil Case (not to exceed \$25,000) ☐ Unlimited Civil Case (over \$25,000)

6. Names and addresses of any and all known witnesses, doctors, hospitals, etc.:

	Name	Address	Phone
(a)	<u>N/A</u>		
(b)			
(c)			

7. Describe any property damage:

lost cell phone

Property Owner (if different):

8. Describe any personal injury sustained:

N/A

9. Please supply additional information that might be helpful in considering this claim:

The Department advise me to fill a claim for the lost of the phone

**WARNING:** It is a criminal offense to intentionally file a false or fraudulent claim (Penal Code Section 72).

I certify under penalty of perjury that I have read the matters and statements made in the above claim, and I believe they are true to the best of my knowledge.

Date:

Signature of Claimant or person filing on behalf of Claimant (give relationship to Claimant):

Print Name:

7/26/18

Diego Lopez

Diego Lopez

Only an original signature of the claimant is acceptable for submittal of this claim.



Michael R. McGuinness, City Attorney  
Keith Phillips, Assistant City Attorney  
201 North Broadway, Escondido, CA 92025  
Phone: 760-839-4608 Fax: 760-741-7541

October 4, 2018

Diego Lopez  
322 W. 13th Avenue, #14  
Escondido, CA 92025

RE: City of Escondido Claim No.: CL-5031

Dear Mr. Lopez:

Enclosed please find the City of Escondido's check in the amount of \$460.00 as final settlement of the above-referenced claim.

Yours truly,

A handwritten signature in cursive script, appearing to read "M. Ehlers".

Maria L. Ehlers  
Legal Assistant to:  
KEITH PHILLIPS  
Assistant City Attorney

:mle  
Enclosure

Check Date: 10/03/2018

Check No. 323626

Invoice Number	Invoice Date	Voucher ID	Voucher Line Description	Paid Amount
D100318	09/26/2018	00762389	CLAIM NO.5031 SETTLEMENT	460.00

mailed check  
10/4/18

Check Number	Date	Vendor Number	Name	Total Paid Amount
323626	10/03/2018	0000030217	Diego Lopez	\$460.00

DO NOT ACCEPT THIS CHECK UNLESS THE PINK LOCK &amp; KEY ICONS FADE WHEN WARMED AND YOU CAN SEE HEXAGONS IN A DUAL-TONE TRUE WATERMARK WHEN HELD TO THE LIGHT



City of Escondido  
201 N. Broadway  
Escondido CA 92025

16-66/1220

Bank of America  
555 South Flower Street, Suite 300  
Los Angeles CA 90071

323626

Date: 10/03/2018

Pay Amount: \$460.00 \*\*\*\*\*

Pay \*\*\*\*FOUR HUNDRED SIXTY AND 00/100 DOLLARS\*\*\*\*

To The  
Order Of

Diego Lopez  
322 W 13th Ave #14  
Escondido CA 92025

Check Date: 10/03/2018      Invoice Number: D100318      Invoice Date: 09/26/2018      Voucher ID: 00762389      Voucher Line Description: CLAIM NO.5031 SETTLEMENT      Check No.: 323626      Paid Amount: 460.00

*mailed check*  
*10/4/18*

Check Number	Date	Vendor Number	Name	Total Paid Amount
323626	10/03/2018	0000030217	Diego Lopez	\$460.00



## CLAIM AGAINST THE CITY OF ESCONDIDO

FOR OFFICIAL USE ONLY

Received via:

☐ Mail  
☒ In Person

CLAIM NO.: 5030

ESCONDIDO CITY CLERK  
19 JUL 25 AM 10:59:19

Please return the completed claim form to:

CITY CLERK  
City of Escondido  
201 North Broadway  
Escondido, CA 92025-2798

A claim relating to a cause of action for death or for injury to a person or to personal property or growing crops must be filed with the City Clerk of the City of Escondido within six (6) months after the incident occurred. A claim relating to any other cause of action shall be presented within one year after the incident occurred. (Government Code Section 911.2) Where space is insufficient, please use additional paper and identify information by proper paragraph number.

### PLEASE PRINT OR TYPE

#### 1. Claimant Information:

Name Gisette D Santiago Date of Birth \_\_\_\_\_  
Address 3950 Waring Rd #137 Home Phone \_\_\_\_\_  
City/State Oceanside, CA Zip 92056 Other Phone \_\_\_\_\_  
Claimant's Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

#### 2. Name and address to which notices are to be sent, if other than above. If represented by an attorney, provide attorney information:

City \_\_\_\_\_ Zip \_\_\_\_\_

#### 3. Date, location and time of the events which gave rise to this claim:

(a) Date: April 11th 2018 (b) Time of day: unknown  
(c) Location: EPD 1163 N. Centre City Pkwy  
Escondido Ca 92026

#### 4. Please provide a full and complete description of the circumstances surrounding the events which gave rise to this claim. Be sure to include the name or names of the City of Escondido employee or employees which may have been involved in this matter.

The safe keeping items confiscated during  
my arrest were inadvertently destroyed  
due to a documentation error per  
Craig Carter, Chief of Police Escondido  
Police Department

5. Please provide the amount of damages you are claiming. If the amount is less than \$10,000, you must state the specific amount claimed. Please provide supporting documents to support the amount claimed (copies of documentations including bills, invoices, photographs, repair estimates or estimates of costs, and medical bills). Indicate if a third party insurance company has contributed to the payment of such expenses.

☒ The amount claimed totals less than \$10,000. State the amount: \$ 2850.24

Please state the basis for computation of the amount and the total amount of the claim:

see letters enclosed

☐ The amount claimed is more than \$10,000.

Please indicate the type of civil case:

☐ Limited Civil Case (not to exceed \$25,000) ☐ Unlimited Civil Case (over \$25,000)

6. Names and addresses of any and all known witnesses, doctors, hospitals, etc.:

Name	Address	Phone
(a) Craig Carter	Chief of Police 1163 N Centre city Pkwy	7100 839.4721
(b) Selena Gruning	1163 N. Centre city Pkwy	(100)
(c) (Police Property)	Clerk	839.4721

7. Describe any property damage:

Items listed under misc. property  
Items not listed, cell phone, jewelry,  
watch, makeup, perfumes, iPod,  
earphones, receipts

Property Owner (if different):

8. Describe any personal injury sustained:

NONE

9. Please supply additional information that might be helpful in considering this claim:

letters enclosed

**WARNING:** It is a criminal offense to intentionally file a false or fraudulent claim (Penal Code Section 72).

I certify under penalty of perjury that I have read the matters and statements made in the above claim, and I believe they are true to the best of my knowledge.

Date: <u>7/25/18</u>	Signature of Claimant or person filing on behalf of Claimant (give relationship to Claimant): <u>G. Santiago</u>	Print Name: <u>Gisette Santiago</u>
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Only an original signature of the claimant is acceptable for submittal of this claim.





Michael R. McGuinness, City Attorney  
Keith Phillips, Assistant City Attorney  
201 North Broadway, Escondido, CA 92025  
Phone: 760-839-4608 Fax: 760-741-7541

November 15, 2018

Gisette D. Santiago  
3950 Waring Road, #137  
Oceanside, CA 92056

RE: City of Escondido Claim No.: CL-5030

Dear Ms. Santiago:

Enclosed please find the City of Escondido's check in the amount of \$250.00 as final settlement of the above-referenced claim.

Yours truly,

A handwritten signature in cursive script, appearing to read "Mehlers".

Maria L. Ehlers  
Legal Assistant to:  
KEITH PHILLIPS  
Assistant City Attorney/Litigation

:mle  
Enclosure

Check Date: 11/14/2018

Invoice Number	Invoice Date	Voucher ID	Voucher Line Description	Check No.	Paid Amount
D111418	10/22/2018	00765628	CITY OF ESCONDIDO CLAIM 5030	324974	250.00

Check Number	Date	Vendor Number	Name	Total Paid Amount
324974	11/14/2018	0000030217	Gisette D Santiago	\$250.00

DO NOT ACCEPT THIS CHECK UNLESS THE PINK LOCK & KEY ICONS FADE WHEN WARMED AND YOU CAN SEE HEXAGONS IN A DUAL-TONE TRUE WATERMARK WHEN HELD TO THE LIGHT



City of Escondido  
201 N. Broadway  
Escondido CA 92025

16-66/1220

Bank of America  
555 South Flower Street, Suite 300  
Los Angeles CA 90071

324974

Date: 11/14/2018

Pay Amount: \$250.00 \*\*\*\*\*  
REFORMER 2020 \*\*\*\*\*

Pay \*\*\*\*\*TWO HUNDRED FIFTY AND 00/100 DOLLARS\*\*\*\*\*

To The  
Order Of

Gisette D Santiago  
3950 Waring Rd  
#137  
Oceanside CA 92056

*[Handwritten Signature]*

Check Date: 11/14/2018

Invoice Number	Invoice Date	Voucher ID	Voucher Line Description	Check No.	Paid Amount
D111418	10/22/2018	00765628	CITY OF ESCONDIDO CLAIM 5030	324974	250.00

Check Number	Date	Vendor Number	Name	Total Paid Amount
324974	11/14/2018	0000030217	Gisette D Santiago	\$250.00

For Office Use Only

Date received

6/18/18

Operation of Law

CL-5017

**CLAIM AGAINST THE CITY OF ESCONDIDO**  
**PLEASE SUBMIT THIS CLAIM FORM TO THE OFFICE OF THE CITY CLERK**

PLEASE PRINT OR TYPE

DATE 6-7-2018

*A claim relating to a cause of action for death or for injury to a person or to personal property or growing crops must be filed with the City Clerk of the City of Escondido within six (6) months after the incident occurred. A claim relating to any other cause of action shall be presented within one year after the incident occurred. (Government Code §911.2) Where space is insufficient, please use additional paper and identify information by proper paragraph number.*

NAME Progressive West Insurance Company, A/S/O RAMIREZ, JOSE Date of Birth \_\_\_\_\_ADDRESS PO BOX 512929 Home Phone \_\_\_\_\_CITY/STATE LOS ANGELES, CA ZIP 90051 Work Phone 440-910-5828

**TO: City of Escondido  
Office of the City Clerk  
201 North Broadway  
Escondido, CA 92025-2798**

1. Address to which notices are to be sent:

PO BOX 512929 City LOS ANGELES, CA Zip 90051

2. Date, location and time of the events which gave rise to this claim:

(a) Date: 04-09-18 (b) Time of day: 8:15 PM(c) Location: 9TH AVE / PINE ST IN ESCONDIDO

3. Please provide a full and complete description of the circumstances surrounding the events which gave rise to this claim. Be sure to include the name or names of the City of Escondido employee or employees which may have been involved in this matter.

Our named insured's 2015 Ford Edge SE was traveling east along 9th Ave, in the right lane, when a City of Escondido Police 2011 Ford Crown Victoria, plate #1364288, traveling west along 9th St attempted to turn left onto Pine St in front of our insured's oncoming vehicle, causing our insured's vehicle to unavoidably collide with the police vehicle.

4. Please provide the amount of damages claimed in this claim. Be sure to provide supporting documents to support the amount claimed (copies of paid bills, receipts, or estimates of costs). Indicate if a third party insurance company has contributed to such bills.

TOTAL AMOUNT CLAIMED: \$9,182.76

5. Please list the name and address of any and all known witnesses, doctors, hospitals, etc.:
- | Name | Address | Phone number |
|------|---------|--------------|
|------|---------|--------------|

(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_

6. Describe any property damage: \_\_\_\_\_

15 FORD EDGE SE - FRNT

Property Owner (if different): \_\_\_\_\_

7. Describe any personal injury sustained: \_\_\_\_\_

8. Please supply additional information that might be helpful in considering this claim:

I certify under penalty of perjury that I have read the matters and statements made in the above claim, and I believe they are true to the best of my knowledge.

Date: June 1st, 2018

[Signature]  
Signature of Claimant

## ***PROGRESSIVE***

Payment Address  
24344 Network Place  
Chicago, IL 60673-1243

Document Address  
P.O. Box 512929  
Los Angeles, Ca 90051  
Phone: (877)818-0139  
Fax: (888) 781-6947

6/7/2018 8:41:00 AM

Certified Mail 91 7199 9991 7037 9065 9334 Return Receipt Requested

CITY OF ESCONDIDO  
OFFICE OF THE CITY CLERK  
201 NORTH BROADWAY  
ESCONDIDO CA 92025-2798

Your Client: SANTANELLA, JESSE  
Your Claim Number: N/A  
Our Insured: RAMIREZ, JOSE  
Our Claim Number: 18-3719954  
Amount Subject to Reimbursement: 9,182.76  
Amount of Insured's Deductible: 500.00

IN ADDITION, THERE IS OUT OF POCKET RENTAL  
FOR \$338.09. PLEASE REIMBURSE OUR INSURED DIRECTLY  
\*\*\*\*\*

Please take this as formal notice of our subrogation rights relative to the above -captioned claim. We have completed our investigation into the facts of the above-captioned loss and find that your insured was the proximate cause of the accident.

Location of Loss: 9TH AVE / PINE ST IN ESCONDIDO

Date and Time of Loss: 04-09-18 AT 8:15 PM

Description of Loss: Our named insured's 2015 Ford Edge SE was traveling east along 9<sup>th</sup> Ave, in the right lane, when a City of Escondido Police 2011 Ford Crown Victoria, plate #1364288, traveling west along 9<sup>th</sup> St attempted to turn left onto Pine St in front of our insured's oncoming vehicle, causing our insured's vehicle to unavoidably collide with the police vehicle.

Please make your draft payable to Progressive West Insurance Company as subrogee of "RAMIREZ, JOSE", in the amount stated above and mail it to the attention of the undersigned at your earliest convenience.

All supporting documentation is enclosed. I have diaried my file ahead fifteen (15) days. Thank you for your anticipated, prompt attention to this matter.

Richard Berlan  
Subrogation Representative  
Progressive West Insurance Company  
Tel. 440-910-5828  
Fax. 888-781-6947  
Email: Richard\_W\_Berlan@progressive.com



Michael R. McGuinness, City Attorney  
Keith Phillips, Assistant City Attorney  
201 North Broadway, Escondido, CA 92025  
Phone: 760-839-4608 Fax: 760-741-7541

August 16, 2018

RECEIVED

AUG 27 2018

Progressive West Insurance Company  
PO Box 512929  
Los Angeles, CA 90051

CITY ATTORNEYS OFFICE

RE: City of Escondido Claim No.: CL-5017  
Your Claim No.: 18-3719954  
Your Insured: Jose Ramirez  
DOL: April 9, 2018

Dear Progressive West Insurance Company:

We have reviewed the claim you submitted to the City Clerk's Office on June 18, 2018, and have decided to pay you the sum of \$9,633.82 in full settlement of this claim.

Please sign the enclosed General Release and Settlement of Claim and return it to this office at your earliest convenience. We will forward our check in the sum of \$9,633.82 approximately two weeks after receipt of the signed release.

Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to be "Michael R. McGuinness", written over a horizontal line.

MICHAEL R. MCGUINNESS  
City Attorney

MRM:mle  
Enclosure



Michael R. McGuinness, City Attorney  
Keith Phillips, Assistant City Attorney  
201 North Broadway, Escondido, CA 92025  
Phone: 760-839-4608 Fax: 760-741-7541

September 6, 2018

Progressive West Insurance Company  
Progressive Subrogation  
24344 Network Place  
Chicago, IL 60673

RE: City of Escondido Claim No.: CL-5017  
Your Claim No.: 18-3719954  
Your Insured: Jose Ramirez  
DOL: April 9, 2018

Dear Progressive West Insurance Company:

Enclosed please find the City of Escondido's check for \$9,633.82 as final settlement of the above-referenced claim.

Yours truly,

A handwritten signature in cursive script, appearing to read "Mehlers".

Maria L. Ehlers  
Legal Assistant to:  
KEITH PHILLIPS  
Assistant City Attorney

:mle  
Enclosure



Check Date: 09/05/2018

Check No. 322915

Invoice Number	Invoice Date	Voucher ID	Voucher Line Description	Paid Amount
D090518	08/28/2018	00760730	PROGRESSIVE CLAIM # 18-3719954	9,633.82

Check Number	Date	Vendor Number	Name	Total Paid Amount
322915	09/05/2018	0000030217	Progressive West Ins. Co.	\$9,633.82

DO NOT ACCEPT THIS CHECK UNLESS THE PINK LOCK &amp; KEY ICONS FADE WHEN WARMED AND YOU CAN SEE HEXAGONS IN A DUAL-TONE TRUE WATERMARK WHEN HELD TO THE LIGHT



City of Escondido  
201 N. Broadway  
Escondido CA 92025

16-66/1220

Bank of America  
555 South Flower Street, Suite 300  
Los Angeles CA 90071

322915

Date: 09/05/2018

Pay Amount: \$9,633.82 \*\*\*\*\*

\*\*\*\*NINE THOUSAND SIX HUNDRED THIRTY-THREE AND 82/100 DOLLARS\*\*\*\*

Pay  
To The  
Order Of

Progressive West Ins. Co.  
A/S/O Jose Ramirez  
Progressive Subrogation  
24344 Network Pl  
Chicago IL 60673

Check No 227015

Invoice Number D090518	Invoice Date 08/28/2018	Voucher ID 00760730	Voucher Line Description PROGRESSIVE CLAIM # 18-3719954	Check No. 322915	Paid Amount 9,633.82
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Check Number 322915	Date 09/05/2018	Vendor Number 0000030217	Vendor Name Progressive West Ins. Co.	Total Paid Amount \$9,633.82
------------------------	--------------------	-----------------------------	--	---------------------------------



## CLAIM AGAINST THE CITY OF ESCONDIDO

Please return the completed claim form to:

**CITY CLERK**  
**City of Escondido**  
**201 North Broadway**  
**Escondido, CA 92025-2798**

FOR OFFICIAL USE ONLY

Received via:

☒ Mail  
☐ In Person

CLAIM NO.: 4995

*A claim relating to a cause of action for death or for injury to a person or to personal property or growing crops must be filed with the City Clerk of the City of Escondido within six (6) months after the incident occurred. A claim relating to any other cause of action shall be presented within one year after the incident occurred. (Government Code Section 911.2) Where space is insufficient, please use additional paper and identify information by proper paragraph number.*

### PLEASE PRINT OR TYPE

#### 1. Claimant Information:

Name Tyler Hamilton Date of Birth \_\_\_\_\_  
Address 39546 Firethorn Ct. Home Phone \_\_\_\_\_  
City/State Murrieta, CA Zip 92563 Other Phone \_\_\_\_\_  
Claimant's Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

#### 2. Name and address to which notices are to be sent, if other than above. If represented by an attorney, provide attorney information:

39546 Firethorn Ct. City Murrieta Zip 92563

#### 3. Date, location and time of the events which gave rise to this claim:

11/21/2017

(a) Date: \_\_\_\_\_ (b) Time of day: 8:40 AM  
(c) Location: Escondido, Ca

#### 4. Please provide a full and complete description of the circumstances surrounding the events which gave rise to this claim. Be sure to include the name or names of the City of Escondido employee or employees which may have been involved in this matter.

was attempting to get onto the 15 freeway SB from Valley Parkway, and as I was approaching the  
stop light to merge onto the freeway (the ones that say 'one car at a time'), I applied the brakes and  
he officer that was driving behind me continued at his rate of speed (about 20-25 MPH) and crashed  
into me from behind. It was an on-duty police in his squad car; Officer Miller was his name.

5. Please provide the amount of damages you are claiming. If the amount is less than \$10,000, you must state the specific amount claimed. Please provide supporting documents to support the amount claimed (copies of documentations including bills, invoices, photographs, repair estimates or estimates of costs, and medical bills). Indicate if a third party insurance company has contributed to the payment of such expenses.

☒ The amount claimed totals less than \$10,000. State the amount: \$ 2,389.75

Please state the basis for computation of the amount and the total amount of the claim:

Rear end damage. Got an estimate that was \$2,389.75 and was told there was

more than likely going to be more damage once they started working on the vehicle and got inside it.

☐ The amount claimed is more than \$10,000.

Please indicate the type of civil case:

☐ Limited Civil Case (not to exceed \$25,000) ☐ Unlimited Civil Case (over \$25,000)

6. Names and addresses of any and all known witnesses, doctors, hospitals, etc.:

	Name	Address	Phone
(a)	Rich Dailey	San Diego, Ca	
(b)			
(c)			

7. Describe any property damage:

N/A

See revised  
estimate  
\$7174.66

Property Owner (if different):

rental car  
~~\$476.53~~  
307.31

8. Describe any personal injury sustained:

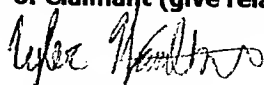
N/A

9. Please supply additional information that might be helpful in considering this claim:

I was hit from behind, therefore he it automatically at fault. I really need my car fixed ASAP because its been nothing but an inconvenience the past few months with my vehicle.

**WARNING:** It is a criminal offense to intentionally file a false or fraudulent claim (Penal Code Section 72).

I certify under penalty of perjury that I have read the matters and statements made in the above claim, and I believe they are true to the best of my knowledge.

Date: /5/2017	Signature of Claimant or person filing on behalf of Claimant (give relationship to Claimant): 	Print Name: Tyler Hamilton
------------------	--	-------------------------------

Only an original signature of the claimant is acceptable for submittal of this claim.

Check Date: 06/20/2018

Check No. 320578

Invoice Number	Invoice Date	Voucher ID	Voucher Line Description	Paid Amount
D062018	06/11/2018	00755400	CLAIM NO 4995	7,481.97

Picked up  
by claimant  
11:29 am  
6-22-18

(Signature)

Check Number	Date	Vendor Number	Name	Total Paid Amount
320578	06/20/2018	0000030217	Tyler Hamilton	\$7,481.97

DO NOT ACCEPT THIS CHECK UNLESS THE PINK LOCK &amp; KEY ICONS FACE WHEN WARMED AND YOU CAN SEE HEXAGONS IN A DUAL-TONE TRUE WATERMARK WHEN HELD TO THE LIGHT



City of Escondido  
201 N. Broadway  
Escondido CA 92025

16-66/1220

Bank of America  
555 South Flower Street, Suite 300  
Los Angeles CA 90071

320578

Date: 06/20/2018

Pay Amount: \$7,481.97 \*\*\*\*\*

\*\*\*\*\*

Pay

\*\*\*\*SEVEN THOUSAND FOUR HUNDRED EIGHTY-ONE AND 97/100 DOLLARS\*\*\*\*

To The  
Order Of

Tyler Hamilton  
39546 Firethorn Ct  
Murrieta CA 92563

(Signature)



## Interinsurance Exchange of the Automobile Club

1225 Freeport Pkwy, Coppell, TX 75019

CL-4962

ESCONDIDO CITY CLERK  
18 JAN 18 PM 11:25:44

January 9, 2018

### INITIAL REQUEST

CITY OF ESCONDIDO  
OFFICE OF THE CITY CLERK  
201 N BROADWAY  
ESCONDIDO CA 92025-2709

Attention: claims

RE: Insured : Gregory Johns  
Claim Number : 013052125  
Date of Loss : 11/23/2017  
Type of Loss : Auto  
Your File Ref : see claim form

The Interinsurance Exchange of the Automobile Club has a claim against CITY OF ESCONDIDO as a result of the accident that has occurred on the above date. The claim consists of:

AUTO / PROPERTY	9,675.57
DEDUCTIBLE	500.00
RENTAL	606.23

**TOTAL** \$ 10,781.80

Enclosed are the necessary documents to support our subrogation claim, as follows:  
Claim form, police report, estimate and photos, proof of payment, rental and tow bill. Note: insureds deductible has been waived.

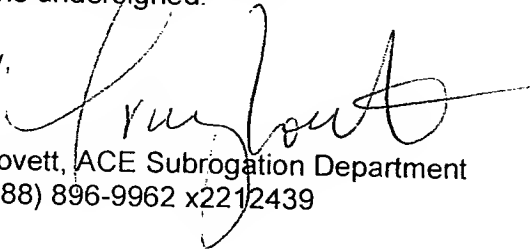
Please note our CLAIM NUMBER and DATE OF LOSS on your payment, and forward same to:

Interinsurance Exchange of the Automobile Club  
Corporate Cashiering, Mail Stop A118,  
PO Box 25024  
Santa Ana, CA 92799

January 9, 2018  
Page 2 of 2  
Claim Number: 013052125

Should you have any questions or need additional information regarding this matter, do not hesitate to contact the undersigned.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tracey Lovett', written over the word 'Sincerely,'.

Tracey Lovett, ACE Subrogation Department  
Phone (888) 896-9962 x2212439



## CLAIM AGAINST THE CITY OF ESCONDIDO

CLAIM NO. CL-4962

For office use only – Date Stamp

RECEIVED: Mail ☒ In Person ☐

ESCONDIDO CITY CLERK  
11/23/17 PM 1:00:04

*This form may be filled out electronically on the City's website at:*

[www.escondido.org/city-clerks-office.aspx](http://www.escondido.org/city-clerks-office.aspx)

*Upon completion, please print, sign at the bottom of the second page, and submit to:*

City of Escondido  
Office of the City Clerk  
201 North Broadway  
Escondido, CA 92025-2798

PLEASE PRINT OR TYPE

DATE \_\_\_\_\_

*A claim relating to a cause of action for death or for injury to a person or to personal property or growing crops must be filed with the City Clerk of the City of Escondido within six (6) months after the incident occurred. A claim relating to any other cause of action shall be presented within one year after the incident occurred. (Government Code §911.2) Where space is insufficient, please use additional paper and identify information by proper paragraph number.*

Name Interinsurance Exchange of the Automobile Club of Southern California Date Of Birth \_\_\_\_\_

Address GREGORY JORDAN Home Phone \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Other Phone \_\_\_\_\_

Claimant's Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

1. Address to which notices are to be sent:  
1225 Freeport Parkway Coppell TX 75019 City \_\_\_\_\_ Zip \_\_\_\_\_

2. Date, location and time of the events which gave rise to this claim:  
(a) Date: 11/23/17 (b) Time of day: 0930  
(c) Location: valley PY / Pine St

3. Please provide a full and complete description of the circumstances surrounding the events which gave rise to this claim. Be sure to include the name or names of the City of Escondido employee or employees which may have been involved in this matter.

Police vehicle made an unsafe lane change



4. Please provide the amount of damages you are claiming. If the amount is less than \$10,000, you must state the specific amount claimed. Be sure to provide supporting documents to support the amount claimed (copies of paid bills, receipts, or estimates of costs). Indicate if a third party insurance company has contributed to the payment of such expenses.

- ☐ The amount claimed is less than \$10,000. State the amount: \$ \$10,281.80
- ☒ The amount claimed is more than \$10,000.

Please indicate the type of civil case:

- ☒ Limited civil case (\$25,000)
- ☐ Non-limited civil case (over \$25,000)

Please state the basis for computation of the amount and the total amount of the claim:  
see attached

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Names and addresses of any and all known witnesses, doctors, hospitals, etc.:

Name	Address	Phone
(a) _____	_____	_____
(b) _____	_____	_____
(c) _____	_____	_____

6. Describe any property damage:  
attached

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property Owner (if different): \_\_\_\_\_

7. Describe any personal injury sustained:

n/a. Claim for property damage only

\_\_\_\_\_

\_\_\_\_\_

8. Please supply additional information that might be helpful in considering this claim:  
PR attached

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify under penalty of perjury that I have read the matters and statements made in the above claim, and I believe they are true to the best of my knowledge.

Date:

1/9/18

Signature of Claimant or person filing on behalf  
of Claimant (give relationship to Claimant):

*Tracey Lovett* Also

Print Name:

TRACEY LOVETT

Only an original signature of the claimant is acceptable for submittal of this claim.



Michael R. McGuinness, City Attorney  
Keith Phillips, Assistant City Attorney  
201 North Broadway, Escondido, CA 92025  
Phone: 760-839-4608 Fax: 760-741-7541

April 23, 2018

Interinsurance Exchange of the Automobile Club  
Corporate Cashiering, Mail Stop A118  
PO Box 25024  
Santa Ana, CA 92799

**RE: City of Escondido Claim No.: CL-4962**  
**Your Claim No.: 013052125**  
**Date of Loss: November 23, 2017**

Dear Interinsurance Exchange of the Automobile Club:

Enclosed please find the City of Escondido's check in the amount of \$10,281.80 as final settlement of the above-referenced claim.

Yours truly,

A handwritten signature in cursive script, appearing to read "Mehlers".

Maria L. Ehlers  
Legal Assistant to:  
KEITH PHILLIPS  
Assistant City Attorney/Litigation

:mle  
Enclosure

Check Date: 04/18/2018

Check No. 318436

Invoice Number	Invoice Date	Voucher ID	Voucher Line Description	Paid Amount
D041818	04/10/2018	00750446	CLAIM#013052125 11/23/17	10,281.80

check mailed  
4/23/18

Check Number	Date	Vendor Number	Name	Total Paid Amount
318436	04/18/2018	0000030217	Interinsurance Exchange Automobile Club	\$10,281.80

DO NOT ACCEPT THIS CHECK UNLESS THE PINK LOCK & KEY ICONS FADE WHEN WARMED AND YOU CAN SEE HEXAGONS IN A DUAL-TONE TRUE WATERMARK WHEN HELD TO THE LIGHT



City of Escondido  
201 N. Broadway  
Escondido CA 92025

16-66/1220

Bank of America  
555 South Flower Street, Suite 300  
Los Angeles CA 90071

318436

Date: 04/18/2018

Pay Amount: \$10,281.80 \*\*\*\*\*

Pay \*\*\*\*\*TEN THOUSAND TWO HUNDRED EIGHTY-ONE AND 80/100 DOLLARS\*\*\*\*\*

To The  
Order Of

Interinsurance Exchange Automobile Club  
PO Box 25024  
Santa Ana CA 92799

*Sam Bennett*

Check Date: 04/18/2018

Check No. 318436

Invoice Number	Invoice Date	Voucher ID	Voucher Line Description	Paid Amount
D041818	04/10/2018	00750446	CLAIM#013052125 11/23/17	10,281.80

check mailed  
4/23/18

Check Number	Date	Vendor Number	Name	Total Paid Amount
318436	04/18/2018	0000030217	Interinsurance Exchange Automobile Club	\$10,281.80





CITY OF ESCONDIDO  
REQUEST FOR RETURN OF  
ACCOUNTS PAYABLE CHECK TO DEPARTMENT

Department requesting check: City Attorney Date: 04/10/18

Check issued to: Interinsurance Exchange of the Automobile Club Amount of check: \$10,281.80

Reason for return to department: Need to obtain signed release from claimant prior to mailing check

Submitted by: Maria Ehlers Approval: [Signature]  
Department Head

Phone Extension: 4327 (Maria Ehlers) Approval: \_\_\_\_\_  
Finance

For Finance Use Only:

Check No.: \_\_\_\_\_ Clerk's Initials: \_\_\_\_\_

Requests for return of check to department must be attached to paperwork prior to submittal.

Check received by: \_\_\_\_\_ Date: \_\_\_\_\_



Michael R. McGuinness, City Attorney  
Keith Phillips, Assistant City Attorney  
201 North Broadway, Escondido, CA 92025  
Phone: 760-839-4608 Fax: 760-741-7541

March 22, 2018

Interinsurance Exchange of the Automobile Club  
Corporate Cashiering, Mail Stop A118  
PO Box 25024  
Santa Ana, CA 92799

RE: City of Escondido Claim No.: CL-4962  
Your Claim No.: 013052125  
Date of Loss: November 23, 2017

Dear Interinsurance Exchange of the Automobile Club:

We have reviewed the claim you submitted to the City Clerk's Office on January 16, 2018, and have decided to pay you the sum of \$10,281.80 in full settlement of this claim.

Please sign the enclosed General Release and Settlement of Claim and return it to this office at your earliest convenience. We will forward our check in the sum of \$10,281.80 approximately two weeks after receipt of the signed release.

Thank you for your attention to this matter.

Very truly yours,

  
KEITH PHILLIPS  
Assistant City Attorney

KP:mle  
Enclosure

## **RELEASE AND SETTLEMENT OF CLAIM**

1. For the sole consideration of the sum of TEN THOUSAND TWO HUNDRED EIGHTY-ONE DOLLARS AND 80/100 CENTS (\$10,281.80) from the CITY OF ESCONDIDO, the undersigned hereby releases and further discharges THE CITY OF ESCONDIDO, and its council members, agents, directors, servants, officers, employees, principals, subsidiaries, predecessors, insurers, administrators, trustees, successors and assigns (the "CITY OF ESCONDIDO") and all other persons, firms and entities from all claims and demands, rights and causes of action of any kind relating to property damage the undersigned now has or hereafter may have on account of or in any way arising out of the damages resulting or to result from the incident occurring on or about November 23, 2017, in the area of Valley Parkway and Pine Street, in the City of Escondido, California, and as described in your Claim Against the City of Escondido filed on January 16, 2018.

2. Further, the undersigned hereby agrees to release any and all claims and demands, rights, causes of action of any kind relating to property damage that may now have arisen or hereafter may arise as a result of the above incident, and further agrees to hold THE CITY OF ESCONDIDO harmless and to indemnify it for and against any claim, lien or debt for property damage which has arisen or may arise from the incident described herein.

3. This release expresses a full and complete settlement of property damage claimed and denied on the part of all parties, regardless of the adequacy of the above consideration. The payment of consideration and the acceptance of this release shall not operate as an admission of liability on the part of any party hereto.



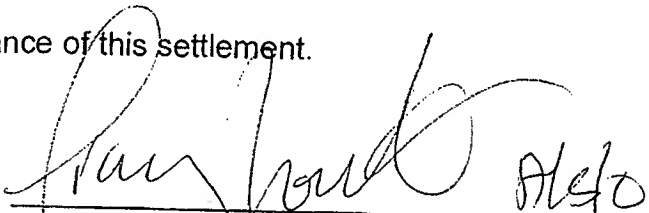
4. All rights given by Section 1542 of the Civil Code of California, which is quoted below, are waived by the undersigned.

**CIVIL CODE SECTION 1542:** "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

By signing this Release, the undersigned intends to give up and discharge all rights and claims to property damages, even though some of such damages may not have shown themselves at the time of acceptance of this settlement.

DATED: \_\_\_\_\_

4/2/18

  
\_\_\_\_\_  
INTERINSURANCE EXCHANGE OF THE  
AUTOMOBILE CLUB  
Claim No. 013052125



## CLAIM AGAINST THE CITY OF ESCONDIDO

FOR OFFICIAL USE ONLY	
Received via:	
<input type="checkbox"/> Mail	<input checked="" type="checkbox"/> In Person
CLAIM NO.: <u>CL-4954</u>	

ESCONDIDO CITY CLERK  
16 JAN 3 PM 10:47:57

Please return the completed claim form to:

CITY CLERK  
City of Escondido  
201 North Broadway  
Escondido, CA 92025-2798

1317 S. Maple St.  
92025

A claim relating to a cause of action for death or for injury to a person or to personal property or growing crops must be filed with the City Clerk of the City of Escondido within six (6) months after the incident occurred. A claim relating to any other cause of action shall be presented within one year after the incident occurred. (Government Code Section 911.2) Where space is insufficient, please use additional paper and identify information by proper paragraph number.

### PLEASE PRINT OR TYPE

#### 1. Claimant Information:

Name Malak Bekhit Date of Birth                       
Address 914 E. Washington Ave APT 205 Home Phone                       
City/State Escondido CA Zip 92025 Other Phone                       
Claimant's Social Security No.                      Driver's License No.                     

#### 2. Name and address to which notices are to be sent, if other than above. If represented by an attorney, provide attorney information:

Police Dept. Officer City Escondido Zip                     

#### 3. Date, location and time of the events which gave rise to this claim:

(a) Date: 12-30-17 (b) Time of day: 11:00 AM  
(c) Location: 914 E. Washington Ave APT 205, Escondido, CA 92025

#### 4. Please provide a full and complete description of the circumstances surrounding the events which gave rise to this claim. Be sure to include the name or names of the City of Escondido employee or employees which may have been involved in this matter.

I was searched by by police Officer at address above  
Officer took the wallet & keys and placed on his car.  
then he Drove off with me, and we arrived to the  
station. I asked for my wallet, he said he left on

5. Please provide the amount of damages you are claiming. If the amount is less than \$10,000, you must state the specific amount claimed. Please provide supporting documents to support the amount claimed (copies of documentations including bills, invoices, photographs, repair estimates or estimates of costs, and medical bills). Indicate if a third party insurance company has contributed to the payment of such expenses.

☒ The amount claimed totals less than \$10,000. State the amount: \$ 300.00 Cash

Please state the basis for computation of the amount and the total amount of the claim:

One hundred Dollar Bill, 2 Bills of \$50 and 5 of \$20.00 Bill = Total \$300, Cash in the wallet, also, lost 2 credit cards + Ca DL, EBT-Food Card, SSN Card, Medical Card, all Family, company gas cards,

☐ The amount claimed is more than \$10,000.

Please indicate the type of civil case:

☐ Limited Civil Case (not to exceed \$25,000) ☐ Unlimited Civil Case (over \$25,000)

6. Names and addresses of any and all known witnesses, doctors, hospitals, etc.:

Name	Address	Phone
(a) <u>NONE</u>		
(b) _____		
(c) _____		

7. Describe any property damage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Owner (if different): \_\_\_\_\_

8. Describe any personal injury sustained:

\_\_\_\_\_  
\_\_\_\_\_

9. Please supply additional information that might be helpful in considering this claim:

\_\_\_\_\_  
\_\_\_\_\_

**WARNING:** It is a criminal offense to intentionally file a false or fraudulent claim (Penal Code Section 72).

I certify under penalty of perjury that I have read the matters and statements made in the above claim, and I believe they are true to the best of my knowledge.

Date: <u>1-2-18</u>	Signature of Claimant or person filing on behalf of Claimant (give relationship to Claimant): <u>Malak Bekhit</u>	Print Name: <u>malak Bekhit</u>
------------------------	--	------------------------------------

Only an original signature of the claimant is acceptable for submittal of this claim.



Michael R. McGuinness City Attorney  
Keith Phillips, Assistant City Attorney  
201 North Broadway, Escondido, CA 92025  
Phone: 760-839-4608 Fax: 760-741-7541

March 12, 2018

Malak Bekhit  
1317 S. Maple Street  
Escondido, CA 92025

**RE: City of Escondido Claim No.: CL-4954**

Dear Malak Bekhit:

Enclosed please find the City of Escondido's check in the amount of \$300.00 as final settlement of the above-referenced claim.

Yours truly,

A handwritten signature in black ink, appearing to read "M. Ehlers".

Maria L. Ehlers  
Legal Assistant to:  
KEITH PHILLIPS  
Assistant City Attorney

:mle  
Enclosure

Check Date: 03/07/2018

Check No. 317118

Invoice Number	Invoice Date	Voucher ID	Voucher Line Description	Paid Amount
D030718	02/28/2018	00747212	SETTLEMENT CLAIM#4954	300.00

DATE

Signature

Check Number	Date	Vendor Number	Name	Total Paid Amount
317118	03/07/2018	0000030217	Malak Bekhit	\$300.00

DO NOT ACCEPT THIS CHECK UNLESS THE PINK LOCK &amp; KEY ICONS FADE WHEN WARMED AND YOU CAN SEE HEXAGONS IN A DUAL-TONE TRUE WATERMARK WHEN HELD TO THE LIGHT



City of Escondido  
201 N. Broadway  
Escondido CA 92025

16-66/1220

Bank of America  
555 South Flower Street, Suite 300  
Los Angeles CA 90071

317118

Date: 03/07/2018

Pay Amount: \$300.00 \*\*\*\*\*

Pay \*\*\*\*\*THREE HUNDRED AND 00/100 DOLLARS\*\*\*\*\*

To The  
Order Of

Malak Bekhit  
1317 S Maple St  
Escondido CA 92025

Check Date: 03/07/2018

Check No. 317118

Invoice Number	Invoice Date	Voucher ID	Voucher Line Description	Paid Amount
D030718	02/28/2018	00747212	SETTLEMENT CLAIM#4954	300.00

Hand-delivered on 3/12/18

3-12-18

DATE

malak  
signature

Check Number	Date	Vendor Number	Name	Total Paid Amount
317118	03/07/2018	0000030217	Malak Bekhit	\$300.00



## CLAIM AGAINST THE CITY OF ESCONDIDO

FOR OFFICIAL USE ONLY

Received via:

☐ Mail

☒ In Person

CLAIM NO.:

CL-4952

ESCONDIDO CITY CLERK  
17 DEC 19 PM 2:54:53

Please return the completed claim form to:

CITY CLERK  
City of Escondido  
201 North Broadway  
Escondido, CA 92025-2798

*A claim relating to a cause of action for death or for injury to a person or to personal property or growing crops must be filed with the City Clerk of the City of Escondido within six (6) months after the incident occurred. A claim relating to any other cause of action shall be presented within one year after the incident occurred. (Government Code Section 911.2) Where space is insufficient, please use additional paper and identify information by proper paragraph number.*

### PLEASE PRINT OR TYPE

#### 1. Claimant Information:

Name BRIAN P. FOGARTY Date of Birth \_\_\_\_\_  
Address 1337 N. BROADWAY APT. #11 Home Phone N/A  
City/State ESCONDIDO, CA Zip \_\_\_\_\_ Other Phone \_\_\_\_\_  
Claimant's Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

#### 2. Name and address to which notices are to be sent, if other than above. If represented by an attorney, provide attorney information:

N/A City \_\_\_\_\_ Zip \_\_\_\_\_

#### 3. Date, location and time of the events which gave rise to this claim:

(a) Date: 12/14/2017 (b) Time of day: 1030  
(c) Location: 1329 TAFT ST ESCONDIDO, CA 92026

#### 4. Please provide a full and complete description of the circumstances surrounding the events which gave rise to this claim. Be sure to include the name or names of the City of Escondido employee or employees which may have been involved in this matter.

PLEASE REFER TO THE ATTACHED DOCUMENT



5. **Please provide the amount of damages you are claiming.** If the amount is less than \$10,000, you must state the specific amount claimed. Please provide supporting documents to support the amount claimed (copies of documentations including bills, invoices, photographs, repair estimates or estimates of costs, and medical bills). Indicate if a third party insurance company has contributed to the payment of such expenses.

☒ The amount claimed totals less than \$10,000. State the amount: \$ 180.00

Please state the basis for computation of the amount and the total amount of the claim:

THIS IS THE AMOUNT THAT THE POLICE DEPARTMENT CHARGED ME FOR A NEGLIGENT OPERATOR FEE

☐ The amount claimed is more than \$10,000.

Please indicate the type of civil case:

☐ Limited Civil Case (not to exceed \$25,000) ☐ Unlimited Civil Case (over \$25,000)

6. **Names and addresses of any and all known witnesses, doctors, hospitals, etc.:**

	Name	Address	Phone
(a)	N/A		
(b)			
(c)			

7. **Describe any property damage:**

N/A

Property Owner (if different):

8. **Describe any personal injury sustained:**

N/A

9. **Please supply additional information that might be helpful in considering this claim:**

PLEASE CONTACT TIM SHEEHAN AT THE ESCONDIDO POLICE STATION

AT EXT, 4792 OR TSHEEHAN@ESCONDIDO.ORG

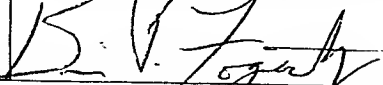
**WARNING:** It is a criminal offense to intentionally file a false or fraudulent claim (Penal Code Section 72).

*I certify under penalty of perjury that I have read the matters and statements made in the above claim, and I believe they are true to the best of my knowledge.*

Date:

12/14/2017

Signature of Claimant or person filing on behalf of Claimant (give relationship to Claimant):



Print Name:

BRIAN P. FOGARTY

Only an original signature of the claimant is acceptable for submittal of this claim.



On the evening of 6 December 2017 I parked my 1994 Ford Ranger, green in color, in front of the home located at 1329 Taft St. Escondido, Ca 92026. I reside at 1337 N. Broadway, eagle rock apartments, we have very limited parking space and I usually have to find parking elsewhere; I would usually park at this location due to the proximity, it being a well lit area and it is a legal location.

I had to go on a trip to Texas for Military reasons, returning on Sunday evening 10 December 2107 at approximately 2030. When I went to get my vehicle, Monday morning 11 December 2017, at approximately 0800, I found it to be missing.

I called the Escondido police to report it stolen when I was informed it was towed. I inquired to why it was towed and all I was told was it was parked in a "No Parking zone". I have been parking here for 1.5 years and have never seen a "no parking sign or colored curb" and when I first parked there, I inquired from the owner of the home if it was ok, not only by law or if I was taking a spot away from him. His reply was "it public road and I use my garage and driveway"

As you can see from the pictures that I have provided there are cars parked on both sides of the road and the area that I was parked and has no colored curbs or no parking signs.

I do not feel that I should be held accountable for the \$685 in fees due to my vehicle being towed by the Escondido police department. If you can assist me with this it would be greatly appreciated, thank you in advance!

I can be contacted via phone/text \_\_\_\_\_ or email at my personal account \_\_\_\_\_ or my work account \_\_\_\_\_

The below verbiage is an email between me and Tim Sheehan:

**Timothy E. Sheehan** Dec 13 (1 day ago)

to me

Wednesday, December 13, 2017

Brian, This is what I am going to try and have done. There is definitely conflicting information regarding the signs that were posted on the street(s) regarding the paving process. I spoke with the yard manager at Jonathan Towing and although not confirmed at this point he (Jesse) stated that no problem. Brian you can go to the tow yard and they will refund you the money and bill the city for the tow and storage. As far as the \$180 fee, please follow the procedure with city hall and you should get reimbursed for that as well. The reimbursement might take a little bit because it goes thru several departments.

Thanks for your patience.

TIM



Michael R. McGuinness City Attorney  
Keith Phillips, Assistant City Attorney  
201 North Broadway, Escondido, CA 92025  
Phone: 760-839-4608 Fax: 760-741-7541

March 1, 2018

Brian Fogarty  
85 E. Flower Street  
Apt. 375  
Chula Vista, CA 91910

**RE: City of Escondido Claim No.: CL-4952**

Dear Mr. Fogarty:

Enclosed please find the City of Escondido's check in the amount of \$180.00 as final settlement of the above-referenced claim.

Yours truly,

A handwritten signature in cursive script, appearing to read "M. Ehlers".

Maria L. Ehlers  
Legal Assistant to:  
KEITH PHILLIPS  
Assistant City Attorney

Enclosure

Check Date: 02/28/2018

Check No. 316766

Invoice Number	Invoice Date	Voucher ID	Voucher Line Description	Paid Amount
D022818	02/20/2018	00747027	SETTLEMENT OF CLAIM #4952	180.00
<i>waived 3/1/19</i>				
Check Number	Date	Vendor Number	Name	Total Paid Amount
316766	02/28/2018	0000030217	Brian Fogarty	\$180.00

DO NOT ACCEPT THIS CHECK UNLESS THE PINK LOCK &amp; KEY ICONS FADE WHEN WARMED AND YOU CAN SEE HEXAGONS IN A DUAL-TONE TRUE WATERMARK WHEN HELD TO THE LIGHT



City of Escondido  
201 N. Broadway  
Escondido CA 92025

16-66/1220

Bank of America  
555 South Flower Street, Suite 300  
Los Angeles CA 90071

316766

Date: 02/28/2018

Pay Amount: \$180.00 \*\*\*\*\*

02/28/2018 \*\*\*\*\*

Pay \*\*\*\*ONE HUNDRED EIGHTY AND 00/100 DOLLARS\*\*\*\*

To The  
Order Of

Brian Fogarty  
85 E. Flower St  
Apt. 375  
Chula Vista CA 91910

Check Date: 02/28/2018		Invoice Number: D022818		Invoice Date: 02/20/2018		Voucher ID: 00747027		Voucher Line Description: SETTLEMENT OF CLAIM #4952		Check No. 316766		Paid Amount: 180.00	
<p><i>will 3/1/19</i></p>													
Check Number	Date	Vendor Number	Name	Total Paid Amount									
316766	02/28/2018	0000030217	Brian Fogarty	\$180.00									



# CLAIM AGAINST THE CITY OF ESCONDIDO

FOR OFFICIAL USE ONLY

Received via:

☐ Mail  
☒ In Person

CLAIM NO.: CL-4948

ESCONDIDO CITY CLERK  
7 NOV 22 PM 3:10:17

Please return the completed claim form to:

CITY CLERK  
City of Escondido  
201 North Broadway  
Escondido, CA 92025-2798

A claim relating to a cause of action for death or for injury to a person or to personal property or growing crops must be filed with the City Clerk of the City of Escondido within six (6) months after the incident occurred. A claim relating to any other cause of action shall be presented within one year after the incident occurred. (Government Code Section 911.2) Where space is insufficient, please use additional paper and identify information by proper paragraph number.

## PLEASE PRINT OR TYPE

### 1. Claimant Information:

Name RONALD PETERSEN Date of Birth \_\_\_\_\_  
Address 1299 DEER SPRING RD. #32 Home Phone \_\_\_\_\_  
City/State SAN MARCOS CA Zip 92069 Other Phone NONE  
Claimant's Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

### 2. Name and address to which notices are to be sent, if other than above. If represented by an attorney, provide attorney information:

QUINCE ST. City ESCONDIDO Zip \_\_\_\_\_

### 3. Date, location and time of the events which gave rise to this claim:

(a) Date: 9-1-17 (b) Time of day: 3:30 PM  
(c) Location: QUINCE ST Escondido

### 4. Please provide a full and complete description of the circumstances surrounding the events which gave rise to this claim. Be sure to include the name or names of the City of Escondido employee or employees which may have been involved in this matter.

SEE TRAFFIC COLLISION REPORT ATT.

5. Please provide the amount of damages you are claiming. If the amount is less than \$10,000, you must state the specific amount claimed. Please provide supporting documents to support the amount claimed (copies of documentations including bills, invoices, photographs, repair estimates or estimates of costs, and medical bills). Indicate if a third party insurance company has contributed to the payment of such expenses.

☐ The amount claimed totals less than \$10,000. State the amount: \$ 1143.51  
Please state the basis for computation of the amount and the total amount of the claim:

ESTIMATE SEE ATT

☐ The amount claimed is more than \$10,000.

Please indicate the type of civil case:

☐ Limited Civil Case (not to exceed \$25,000)      ☐ Unlimited Civil Case (over \$25,000)

6. Names and addresses of any and all known witnesses, doctors, hospitals, etc.:

Name	Address	Phone
(a) <u>SEE TRAFFIC COLLISION REPORT</u>		
(b) _____		
(c) _____		

7. Describe any property damage:

DAMAGE TO REAR OF MY TRUCK DRIVER

Property Owner (if different): \_\_\_\_\_

8. Describe any personal injury sustained:

NONE

9. Please supply additional information that might be helpful in considering this claim:

\_\_\_\_\_

**WARNING:** It is a criminal offense to intentionally file a false or fraudulent claim (Penal Code Section 72).

I certify under penalty of perjury that I have read the matters and statements made in the above claim, and I believe they are true to the best of my knowledge.

Date: <u>11-22-17</u>	Signature of Claimant or person filing on behalf of Claimant (give relationship to Claimant): <u>Ronald Peterson</u>	Print Name: <u>Ronald Peterson</u>
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Only an original signature of the claimant is acceptable for submittal of this claim.



Michael R. McGuinness City Attorney  
Keith Phillips, Assistant City Attorney  
201 North Broadway, Escondido, CA 92025  
Phone: 760-839-4608 Fax: 760-741-7541

January 25, 2018

Ronald Peterson  
1299 Deer Springs Road  
#32  
San Marcos, CA 92069

**RE: City of Escondido Claim No.: CL-4948**

Dear Mr. Peterson:

Enclosed please find the City of Escondido's check in the amount of \$1,143.51 as final settlement of the above-referenced claim.

Yours truly,

A handwritten signature in cursive script, appearing to read "Mehlers".

Maria L. Ehlers  
Legal Assistant to:  
KEITH PHILLIPS  
Assistant City Attorney

Enclosure

Sam Abed, Mayor

John Masson, Deputy Mayor

Olga Diaz

Ed Gallo

Michael Morasco

D012418B

01/18/2018

00743597

SETTLEMENT CLAIM #4948

Paid Amount  
1,143.51

1/25/18

Check mailed

Check Number	Date	Vendor Number	Name	Total Paid Amount
315728	01/24/2018	0000030217	Ronald Petersen	\$1,143.51

DO NOT ACCEPT THIS CHECK UNLESS THE PINK LOCK &amp; KEY ICONS FACE WHEN WARMED AND YOU CAN SEE HEXAGONS IN A DUAL-TONE TRUE WATERMARK WHEN HELD TO THE LIGHT



City of Escondido  
201 N. Broadway  
Escondido CA 92025

16-66/1220

Bank of America  
555 South Flower Street, Suite 300  
Los Angeles CA 90071

315728

Date: 01/24/2018

Pay Amount: \$1,143.51 \*\*\*\*\*

Pay \*\*\*\*\*ONE THOUSAND ONE HUNDRED FORTY-THREE AND 51/100 DOLLARS\*\*\*\*\*

To The  
Order Of

Ronald Petersen  
1299 Deer Springs Rd.  
#32  
San Marcos CA 92069

RUB OR BREATHE ON THE PINK LOCK &amp; KEY ICONS—COLOR WILL FADE AND THEN REAPPEAR ON AN AUTHENTIC CHECK—IF COLOR DOES NOT FADE DO NOT ACCEPT



1/25/18

Check mailed

Check Number	Date	Vendor Number	Name	Total Paid Amount
315728	01/24/2018	0000030217	Donald Detorcen	\$1,143.51